

Research Summary #16 - Urban Service Partnerships, Street Level Bureaucrats and Environmental Sanitation in Kumasi and Accra, Ghana: Coping with Organisational Change in the Public Bureaucracy
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This paper forms part of a five year research programme under the Centre for the Future State, based at the Institute of Development Studies. Below is a summary of principal findings. Further details are available at www.ids.ac.uk/gdr/cfs/index.html

Introduction

It is widely recognised that service provision through public/private partnerships involves changes in the role of public agencies. This paper explores the impact of changes in the delivery of environmental services on the environmental and public health departments in Kumasi and Accra, and in particular the implications for the front line workers of these departments – the Environmental Health Officers (EHOs). The assumption underpinning the study is that relations between front line workers and the public, and their levels of job satisfaction, are crucial to improving organisational performance. The study looked at a range of internal organisational and external factors thought likely to influence changes in the performance of the EHOs. Contrary to pessimistic expectations, there were some positive outcomes, linked mainly to a strong team-based organisational culture.

Context and Impact of Policy Changes

The policy changes examined in this study were introduced against the background of grossly inadequate waste management and sanitation services, which has led to a major public health crisis in both cities. Three main sets of changes were introduced during the 1990s: privatisation and contracting out of environmental services (with strong donor support); more community-based participation in the provision of services (notably in the management of public toilets)¹ and in public health education; and a programme of radical decentralisation and restructuring of environmental services. As part of this restructuring, the EHOs were moved from the Ministry of Health to the overall control of the Ministry of Local Government, with a consequent worsening of their conditions of service. Responsibilities for environmental health and sanitation services were given to the Metropolitan Assemblies in Accra and Kumasi, and under them to the Sub Metropolitan Districts (SMDs).

The impact of all these changes on the EHOs was significant. The decentralisation of functions was not accompanied by a transfer of adequate resources and capacity. SMDs were starved of funds. Manpower ceilings prevented recruitment of sufficient staff. Basic facilities and transport were lacking. There were also significant changes in the role of EHOs. Prior to the policy changes, EHOs acted as sanitary inspectors, enforcing public health regulations. The move to public/private partnerships meant they faced new demands: to supervise the performance of private contractors; to

¹ See summary #16 “Toilet Wars’: Urban Sanitation Services and the Politics of Public-Private Partnerships in Ghana”

monitor the community based micro enterprises; and to animate community participation, including the training of community leaders in public health issues.

How Did EHOs Respond to Change?

Despite discouraging prospects – EHOs are poorly trained and educated, and pay, conditions and career prospects are dismal - the research suggests that EHOs have adapted better than might have been expected to their new roles. The majority of officers seem to have picked up on the new approaches, and welcome the shift of emphasis from policing to a more collaborative relationship with the public (76% thought the nature of their work had improved). Overall, 72% described themselves as ‘somewhat satisfied’ with their job, and only 22.45 as somewhat or very dissatisfied.

The main reasons for this relatively positive response seem to lie in a strong sense of professional purpose, good informal work relationships, shared values, and a positive organisational culture supported by a hands-on management style. Another positive factor was the perception that relations with the public had improved, and that EHOs were valued. By contrast, relations between EHOs and political authorities were a strongly negative factor: in particular, the difficulty of confronting Metropolitan Assembly members who protected the private contractors managing public toilets, and thus prevented EHOs enforcing public health regulations.

Conclusion

A positive organisational culture and good relations with the public have been critical in sustaining the motivation and performance of EHOs in exceptionally challenging circumstances. Nevertheless there is a limit to what this can achieve without adequate resources, and against the background of widespread hostility and mistrust of public authority brought on by years of failure to deliver adequate services. The majority of people covered in a survey of public toilet users did not see EHOs as having any real impact in improving sanitary services. So while the potential to do a good professional job exists, the lack of political support has been crucial. The shift to service provision through contracting out and community participation had the effect of reducing the power of officials, and increasing the power of politicians and contractors. While the study confirms the importance of organisational culture in motivating front line officials, it also shows the limitations of such factors in a political environment dominated by patronage politics. To obtain the benefits of privatisation, transparent, performance based tendering procedures and independent monitoring are needed. The politics of privatisation in Ghana challenge all these requirements.